



TENNESSEE DEPARTMENT OF CORRECTION
GED TRANSCRIPT REQUEST

_____		_____
NAME (<i>Print</i>)		DATE
_____		_____
DATE OF BIRTH		
_____		_____
NAME (<i>Signature</i>)		SOCIAL SECURITY NUMBER

SEND GED TRANSCRIPT TO: _____

Street Address

City State Zip

Fax Number if Transcript is to be Faxed

REQUESTING INDIVIDUAL: _____

TELEPHONE NUMBER: () _____

ADDRESS: _____

Street Address

City State Zip

*The fee of **\$10.20** must be in the form of a cashier's check or money order made payable to the Tennessee Department of Correction. The transcript will be mailed or faxed only after both the completed form and fee are received.*

PLEASE MAIL REQUEST AND FEE TO:

STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
ATTENTION: EDUCATION
6TH FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465